

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

STEPHANIE TUBBS JONES FOR US CONGRESS

Full Name (Last, First, Middle Initial)

**A.** Tammy Duckworth for Congress

Mailing Address 430 South Capitol, S E End Floor

City Washington D C State Zip Code 20003

Purpose of Disbursement  
Political Donation

Candidate Name  
STEPHANIE TUBBS JONES FOR US CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 11

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12940

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** The Civic

Mailing Address 3130 Mayfield Rd.

City Cleveland Hts. State OH Zip Code 44118

Purpose of Disbursement  
room rentals for dinner

Candidate Name  
STEPHANIE TUBBS JONES FOR US CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 11

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12663

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** The Civic

Mailing Address 3130 Mayfield Rd.

City Cleveland Hts. State OH Zip Code 44118

Purpose of Disbursement  
microphones for caucus meeting

Candidate Name  
STEPHANIE TUBBS JONES FOR US CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 11

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12728

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2275.00

**TOTAL** This Period (last page this line number only) .....